TEMAGAMI FIRST NATION ENRICHMENT FUNDS

After Care Claim Form

This form must be signed and complete in full. **If incomplete, it will be returned to you**, which will delay the processing of the claim.

Contact Information

Client Name (Main Contact)	Date of Birth	Band Number
Mailing Address		Postal Code
Email Address		Phone/Cell Number

Please list below type of expenses/ associated costs:

Coverage	Fixed Rates	Date(s)	Description of Service	Name of Service Provider
Transportation	16.5 / km			
Companion and/or care-sitter	$35.00/day and/or $20.00.night			
Family respite	$35.00/day and/or $20.00.night			
Homemaking service: Meal Prep/cleaning/ shop/laundry	$15.00 /hr.			
Infant & childcare	$25/day or $50/day 2 or more			
Alternate level of care	One-time payment		**Chronic care co-payment**	

Verification: By signing below, I certify that the information is true and accurate.
I also understand that if any funds are not used for the purposes outlined, the money will be owed back to the Enrichment Fund program.

________________________________ Signature

________________________________ Date

Mail completed form and **ORIGINAL RECIEPTS** to:
Doreen Potts Health Centre
Temagami First Nation
Bear Island, ON P0H 1C0
Attention: Office Manager Enrichment Funds Claim
Inquiries: (705) 237-8900 or Toll-Free at 1-866-262-2862

Ratified at Duly Convened Temagami First Nation Band Council Meeting: June 12, 2013